



The Carolinas Center for Medical Excellence

*www.thecarolinascenter.org*

As an independent  
non-profit corporation,  
The Carolinas Center for  
Medical Excellence  
(CCME) will provide  
leadership, education  
and services to promote  
improvement in the  
quality and cost  
effectiveness of health  
care.

## EHR Benefits, Barriers and Strategies for Success

*transforming health care*

# Session Objectives

- Learn the benefits of EHR adoption
- Realize the barriers that impede adoption
- Implement strategies to overcome limitations

# **BREAKING NEWS!**

# HITECH Act

- HIT component of the American Recovery and Reinvestment Act signed into law on Feb 17, 2009
- 17.2 billion dollars for EHR use and information exchange
- Incentives for “meaningful use” of the EHR
- Penalties for non-adopters



# Meaningful Use

- Using a certified EHR solution
- E-prescribing
- Exchanging health information for care coordination
- Submitting clinical measures via the EHR



# The Incentives

## Amount They'll Receive Each Year

<b>Year EHR Use is first demonstrated</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>TOTAL</b>
<b>2011</b>	\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$0	<b>\$44,000</b>
<b>2012</b>	\$0	\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	<b>\$44,000</b>
<b>2013</b>	\$0	\$0	\$15,000	\$12,000	\$8,000	\$4,000	<b>\$39,000</b>
<b>2014</b>	\$0	\$0	\$0	\$12,000	\$8,000	\$4,000	<b>\$24,000</b>
<b>2015/Later</b>	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>



# The Penalties

- Providers who do not demonstrate meaningful use by 2015 will have 1% decrease in 2016
- 2% decrease in 2017
- 3% decrease in 2018
- Up to a maximum decrease of 5%



**NOW, BACK TO THE  
REGULAR PROGRAM...**





# EHR Benefits

- Increased efficiency
- Increased accessibility
- Improved quality
- Improved patient safety
- Improved documentation
- Better patient communication



**These are potential benefits! Planning and implementation are key!**



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This sounds great!

So everyone already has an  
EHR, right?



# Well, not exactly....

- 2008 study published in the New England Journal of Medicine finds 4% of physicians have a fully functional EHR and 13% have basic EHR
- Other studies by MGMA, etc show adoption at about 25-30%
- Other studies show adoption as high as 40%



# Barriers to EHR Adoption

- Cost
- Fear of system obsolescence
- Implementation time/learning curve
- Loss of productivity
- Uncertainty about technical issues
- General resistance to change



These are potential barriers! Planning and implementation are key!



# System Limitations

- Reporting capabilities improving
- Health information exchange ability growing
- Clinical decision support can vary
- Documentation can be cumbersome



“We bought an EHR and a year later we are still struggling...It isn't delivering what was promised”



# Self-Imposed Limitations

- Short-cutting staff education
- Lack of physician champion
- Overall resistance to change
- Physician as primary builder
- Documenting in free text
- No lab interface
- No documenting of ordered/resulted
- Over reliance on scanning
- No e-prescribing



# Strategies for Success: Assessment & Planning

- Get “EHR Champion” commitment
- Conduct a readiness assessment
- Conduct workflow analysis
- Evaluate practice readiness for change
- Create a “wish list” of desired EHR functionality
- Choose your implementation date wisely
- Create a budget for implementation





# Strategies for Success: Selection

- Create a “Show Me” list
- Evaluate the EHRs office visit flow
- Ask specific questions on reporting capability
- Ask about existing interfaces/info exchange
- Ask to “test drive” the EHR to evaluate documentation
- Review CCHIT certification standards and  
ASK LOTS OF QUESTIONS

# Strategies for Success: Implementation

- Provide ample training
- Integrate EHR training and office policies
- Train select staff on “building” functions
- Create a plan for back loading charts/data
- Set goals for implementation (Be specific!)
- Use system functions; don't overdo free text



# Strategies for Success: Implementation

- Phase in functionality over time
- Implement e-prescribing
- Implement lab interface
- Establish cut off date for chart pulls
- Send notifications asking for digital faxes
- Join an EHR user group



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